

PART B - FEE(S) TRANSMITTAL

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293 7590 05/27/2010

DOWELL & DOWELL P.C.
103 Oronoco St.
Suite 220
Alexandria, VA 22314

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(Depositor's name)

(Signature)

(Date)

| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------|-------------|----------------------|---------------------|------------------|
| 10/538,746 | 04/03/2006 | Mats Malmqvist | 15116NP | 5094 |

TITLE OF INVENTION: HOLDER AND METHOD FOR COOLING OR HEATING SAMPLES

| APPLN. TYPE | SMALL ENTITY | ISSUE FEE DUE | PUBLICATION FEE DUE | PREV. PAID ISSUE FEE | TOTAL FEE(S) DUE | DATE DUE |
|----------------|--------------|---------------|---------------------|----------------------|------------------|------------|
| nonprovisional | YES | \$755 | \$300 | \$0 | \$1055 | 08/27/2010 |

| EXAMINER | ART UNIT | CLASS-SUBCLASS |
|---------------|----------|----------------|
| DOE, SHANTA G | 1797 | 435-303100 |

| | | |
|--|---|-------------------------------------|
| 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). | 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. | 1. <u>Dowell & Dowell, P.C.</u> |
| <input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. | | 2. _____ |
| <input type="checkbox"/> "Fee Address" indication (or "Fee Address" indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. | | 3. _____ |

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE
ALPHAHELIX AB

(B) RESIDENCE: (CITY and STATE OR COUNTRY)
Uppsala, Sweden

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

| | |
|--|--|
| 4a. The following fee(s) are submitted: | 4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) |
| <input checked="" type="checkbox"/> Issue Fee | <input type="checkbox"/> A check is enclosed. |
| <input checked="" type="checkbox"/> Publication Fee (No small entity discount permitted) | <input type="checkbox"/> Payment by credit card. Form PTO-290 is attached. |
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|--|--|---|
| 5. Change in Entity Status (from status indicated above) | <input type="checkbox"/> a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. | <input type="checkbox"/> b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2). |
|--|--|---|

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Authorized Signature /Alyssa Ann Finamore/

Date August 11, 2010

Typed or printed name Alyssa Ann Finamore

Registration No. 55,177

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